



CULTURAL ADVISORY COUNCIL APPLICATION FORM

1. Mr. _____
Mrs. _____
Ms. First Middle Last

2. Residence Address: _____

City County State Zip

Phone (____) _____ FAX (____) _____ E-Mail _____

3. Business Title: _____

Company: _____

Address: _____

City County State Zip

Phone (____) _____ FAX (____) _____ E-Mail _____

Pager (____) _____ Cellular (____) _____ Emergency # (____) _____

4. Educational History:

College/Graduate School (Location) Date Degree

High School or Equivalent (Location) Date Diploma

5. Please list professional licenses and certificates (if any).

Licenses/Certificates Date Issued Licenses/Certificates Date Issued

1) _____ 3) _____

2) _____ 4) _____

6. List all current organizations and societies of which you are a member:

Organizations/Societies

From

7. Please explain why you would like to serve on the cultural advisory council to the California Exposition & State Fair.

8. ☐ Yes ☐ No Are you a citizen of a country other than the United States? If so, please identify country.

9. ☐ Yes ☐ No Is there anything in your background, which if made known to the general public through your appointment would cause an embarrassment to you and/or the Cal Expo? If yes, please explain.

10. If you were to be appointed to the council you are seeking today, what are the first two or three things you would recommend?

11. How do you feel you would add value to the Cal Expo Cultural Advisory Council? What unique characteristics, qualifications, perceptions and experiences do you offer?

Date: _____

By: _____
Applicant

Please attach a brief resume or bio with this application.

Application Form must be returned by 5 p.m., Friday, February 1, 2008.

**Mail to Tina Novoa
Cal Expo
P.O. Box 15649
Sacramento, CA 95852
916-263-3069**